



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2686

|   |   |                                   |   |                                      |
|---|---|-----------------------------------|---|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/539,161  | <b>FILING OR 371(c) DATE</b><br>06/14/2005<br><b>RULE</b>   | <b>CLASS</b><br>606               | <b>GROUP ART UNIT</b><br>3733   | <b>ATTORNEY DOCKET NO.</b><br>190-90 |
| <b>APPLICANTS</b><br>Thomas Gradel, Ayze, FRANCE;<br>Jean-Philippe Lemaire, Saulon La Chapelle, FRANCE;   |   |                                   |   |                                      |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR03/03735 12/16/2003 <i>ok new</i>   |   |                                   |   |                                      |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 02/16235 12/17/2002 <i>ok new</i>  |   |                                   |   |                                      |
| <b>** SMALL ENTITY **</b>   |   |                                   |   |                                      |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>Auth. Gradel</i> <i>new</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>10            |
|   |   |                                   | <b>INDEPENDENT CLAIMS</b><br>1  |                                      |
| <b>ADDRESS</b><br>2746  |   |                                   |   |                                      |
| <b>TITLE</b><br>Device comprising anterior plate for vertebral column support   |   |                                   |   |                                      |
| <b>FILING FEE RECEIVED</b><br>450   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |